

John R. Ashcroft Secretary of State
2017-2018 BIENNIAL REGISTRATION REPORT
NONPROFIT

N00044461
Date Filed: 6/6/2017
John R. Ashcroft
Missouri Secretary of State

☒ I ELECT TO FILE A BIENNIAL REGISTRATION REPORT

*** SECTION 1, 3 & 4 ARE REQUIRED**

REPORT DUE BY: 8/31/2017

N00044461
MEMBERS IN SOLIDARITY FUND
EDWARD ROBINSON
S83 TRITON WAY
ELLSVILLE MO 63011

	ORGANIZED UNDER THE LAWS OF: <u>Missouri</u>
1	PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: * 583 triton way dr (Required) STREET ellisville MO 63011 CITY / STATE ZIP

2 If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.

☐ The new registered agent _____

IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.

☐ The new registered office address _____

Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

OFFICERS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST PRESIDENT AND SECRETARY BELOW</u>		A	BOARD OF DIRECTORS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST THREE DIRECTORS BELOW</u>		B
<u>PRESIDENT</u>	jones, gary		<u>NAME</u>	pearson, vance	
STREET	1002 brook mont drive		STREET	1727 ciera ridge ct south	
CITY/STATE/ZIP	ofallon MO 63366		CITY/STATE/ZIP	st charles MO 63303	
<u>SECRETARY</u>	robinson, edward		<u>NAME</u>	jones, gary	
STREET	583 triton way dr		STREET	1002 brook mont drive	
CITY/STATE/ZIP	ellisville MO 63011		CITY/STATE/ZIP	ofallon MO 63366	
			<u>NAME</u>	robinson, edward	
STREET			STREET	583 triton way dr	
CITY/STATE/ZIP			CITY/STATE/ZIP	ellisville MO 63011	
			<u>NAME</u>		
STREET			STREET		
CITY/STATE/ZIP			CITY/STATE/ZIP		
NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED					

4 The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 576.060 RSMo. Photocopy or stamped signature not acceptable.

Authorized party or officer sign here gary jones (Required)

Please print name and title of signer: gary jones / President

NAME TITLE

REGISTRATION REPORT FEE IS:

___\$20.00 If filed on or before 8/31/2017

___\$25.00 If filed after 9/30/2017

Corporation will be administratively dissolved if report is not filed by 11/29/2019

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL): ok2mi2mo@gmail.com